

Director's Corner

Amy Atkins, MPA, Director



As we enter the new year, it is important to reflect on the work we've accomplished as a public health system over the past nine months and the foundation we've built for adapting to change through the Public Health Impact Task Force (PHITF). Starting in April 2015 with the first PHITF meeting, we have had an opportunity to hear from subject matter experts at the local, regional, state and national levels about the current opportunities and challenges facing the public health system, both in West Virginia and nationally. We have heard about the importance of information technology and partnerships in driving change in health outcomes. We have learned from leading academics about the research on how public health agency administration, performance and impact on health outcomes are linked, as well as the ways that funding for public health is changing. Finally, we have heard about the variety of models we could pursue to ensure a sustainable, responsive, modern public health system in place in West Virginia. Using the Core Concepts adopted by the PHITF at the December 9, 2015 meeting, I believe that we have a firm foundation to assure public health services are delivered consistently and according to the same standards of care in every community.

I also want to acknowledge that, as public health professionals, we are living in a unique, exciting and difficult time for public health. We are challenged to do more with less; to justify our impact by what outcomes have been prevented, rather than what outcomes have occurred; to mobilize our communities to respond to health threats as systems, rather than individual agencies; to use data for decision-making, reporting and continuous quality improvement; and to fundamentally change the way we conduct the business of prevention. Yet, we also have the remarkable opportunity and the honor, as public servants, to lead instead of catch-up; to develop and implement strategies instead of sitting on the sidelines; to be proactive instead of reactive. As the Director of the Center for Local Health, it has been my honor to contribute to and support the PHITF, and I have sincerely appreciated the leadership of and feedback from local health agencies in making the work of the PHITF meaningful and in ensuring we are acting proactively, together for the health of our communities and our state. As Ralph Waldo Emerson said, "What lies behind us and what lies before us are tiny matters compared to what lies within us." I look forward to continuing this journey with you as partners and public health professionals and to building together on the Core Concepts adopted by the PHITF.

WV Public Health Impact Task Force Meeting

Judy McGill, RN, MS, Public Health Nurse Coordinator



The Public Health Impact Task Force (PHITF) convened on December 9, 2015, at the University of Charleston in Charleston, West Virginia. Amy Atkins, Director of the Center for Local Health (CLH), delivered a presentation on behalf of the Bureau for Public Health (BPH) describing the progress of the PHITF since April 2015 and the Bureau's recommendations for modernizing the public health system in West Virginia.

The presentation included the following six Core Concepts that provide the framework for changes to the public health system in West Virginia:

1. Maintain a local health presence and services in every county;
2. Partner with stakeholders to align West Virginia's public health system with national recommendations by developing a minimum package of public health services accessible to all West Virginians;
3. The State's public policy should support a public health system that is accreditation-ready;
4. Conduct an assessment of the current system (state and local), responsible for the provision of statewide basic public health services including funding and revenue sources;
5. The State's public policy should encourage the efficient and effective use of public resources that support statewide public health services, and
6. A Public Health Advisory Board should be established to improve transparency, accountability, efficiency and promote a state-wide culture of health.

WV Public Health Impact Task Force Meeting, continued

The Core Concepts were unanimously approved by the membership of the PHITF. The PHITF also requested that the CLH create and circulate a final report of PHITF activities for membership review and approval. The report was reviewed and approved at the final PHITF meeting on December 22, 2015.

Moving forward, the BPH and the CLH will be developing strategies around the Core Concepts and will be engaging local health partners in the critical work of implementing the framework. For more information on the PHITF including PHITF materials, visit the CLH's website at: www.dhhr.wv.gov/localhealth/.

Local Health Department Leadership Webinar Series

Lisa Thompson, Public Health Financial Coordinator

On November 18, 2015, the Center for Local Health hosted the third Local Health Department Leadership Lunch and Learn Orientation Webinar as part of the CHANGE (Connections for Health Administrators: Networking, Governance and Education) program. The webinar presentation, entitled "Environmental Health," was delivered by Brad Cochran, Director for the Office of Environmental Health Services, Public Health Sanitation Division.

During the webinar, Mr. Cochran provided an overview of the mission of the Office of Environmental Health Services to develop, administer and implement a statewide program focused on improvement of environmental and public health sanitation factors. He also discussed the local board of health's role and responsibilities in environmental health services to effectively impact the health and well-being of our citizens, community and state as a whole. More than twenty participants attended the webinar, including local health department administrators, local health officers, local board of health members, and Bureau for Public Health staff.

These webinars are intended to provide guidance and orientation to local health departments on the statutory requirements for basic public health services and the programs at the state level that support the delivery of these services. The CLH welcomes any feedback on improving the webinar series and on identifying additional training topics.

National Association of County and City Health Officials (NACCHO) Upcoming 2016 National Profile of Local Health Departments Study

Linda Lipscomb, Public Health Administrative Coordinator

The Center for Local Health received notification from NACCHO of the upcoming *2016 National Profile of Local Health Departments Study*. In response to a request by the National Profile Team, the Center reviewed and updated their list of primary contacts for each local health department in West Virginia. A questionnaire for the study will be sent to these primary contacts for each local health department in January 2016.

The purpose of the study is to develop a comprehensive and accurate description of local health department (LHD) infrastructure and practice in the United States. The data collected will also be used for making local and regional comparisons, for driving policy making, for workforce education about local public health practice, and for research.

The Center would like to encourage all local health departments that receive the questionnaire to complete and submit the information to the NACCHO Profile Team for inclusion in the national data report. Completing this questionnaire is an opportunity for local health departments to contribute to a national portrait of local public health work and infrastructure.

The last national local health department profile survey conducted by NACCHO was in 2013. For the 2013 study, NACCHO reported a 76% return rate from local health departments in West Virginia. The 2013 National Profile may be reviewed at the following link [2013 National Profile of Local Health Departments](#). A NACCHO flyer of this study is included in this newsletter. If you need additional information, please contact Linda Lipscomb, Center for Local Health at linda.f.lipscomb@wv.gov.



2016 Profile Study Coming in January

Since 1989, the National Association of County and City Health Officials (NACCHO) has periodically conducted the National Profile of Local Health Departments (Profile) study. Profile provides a comprehensive and accurate picture of local health department (LHD) infrastructure and practice throughout the United States. NACCHO most recently conducted a Profile in 2013, so it is time to update the national picture of LHDs.

What to Expect

December

LHDs will receive an e-mail about the Profile study and will have the opportunity to identify the person at their LHD who should be the primary contact for the survey.

January

LHDs will receive an e-mail with a link to their LHD's Profile Web-based questionnaire. Because some e-mail systems reject these messages, NACCHO will also mail a postcard announcing the launch of the 2016 Profile. If you receive the postcard but not the e-mail, please contact NACCHO's Profile Team to ensure that your LHD is included in the study.

February

LHDs will have five weeks to complete the Profile questionnaire. You will receive periodic e-mails from NACCHO and its state partners encouraging you to complete the survey.

How to Complete the Profile Efficiently

December

Gather information on finances and workforce. You will be asked to provide financial information (expenditures and revenues) about your LHD and information about the number and occupations of employees. Gathering that information in advance will give you a head start on the most time-consuming sections.

January

Assign sections to other staff members, if appropriate. When you receive your questionnaire, look at the topics and determine who can most readily and accurately provide the information. You may print a copy of the blank questionnaire and divide the sections as appropriate.

February

Complete the survey by the deadline. If you assigned sections to other staff members, make sure those sections are complete and the information is accurate before submitting your completed survey to NACCHO.

Frequently Asked Questions

What topics does Profile cover?

All LHDs in the United States will receive a core questionnaire that covers finances, workforce, leadership, programs and services, and policy work. Some LHDs will receive a supplemental questionnaire that covers other topics, including assessment and planning activities, partnerships, emergency preparedness, information management, and quality improvement.

How do people use Profile information?

NACCHO needs up-to-date information to be a credible national voice for LHDs. Many people use Profile information as benchmarks for local and state comparisons; to educate community partners, policymakers, and public health students; and to study how public health infrastructure affects community health.

Where can I get more information about Profile?

Visit <http://nacchoprofilestudy.org> for reports, research briefs, state reports, data requests, and more.



Other questions?

Please contact NACCHO's Profile Team at profileteam@naccho.org.

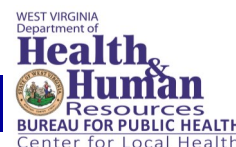


The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice with local health departments.

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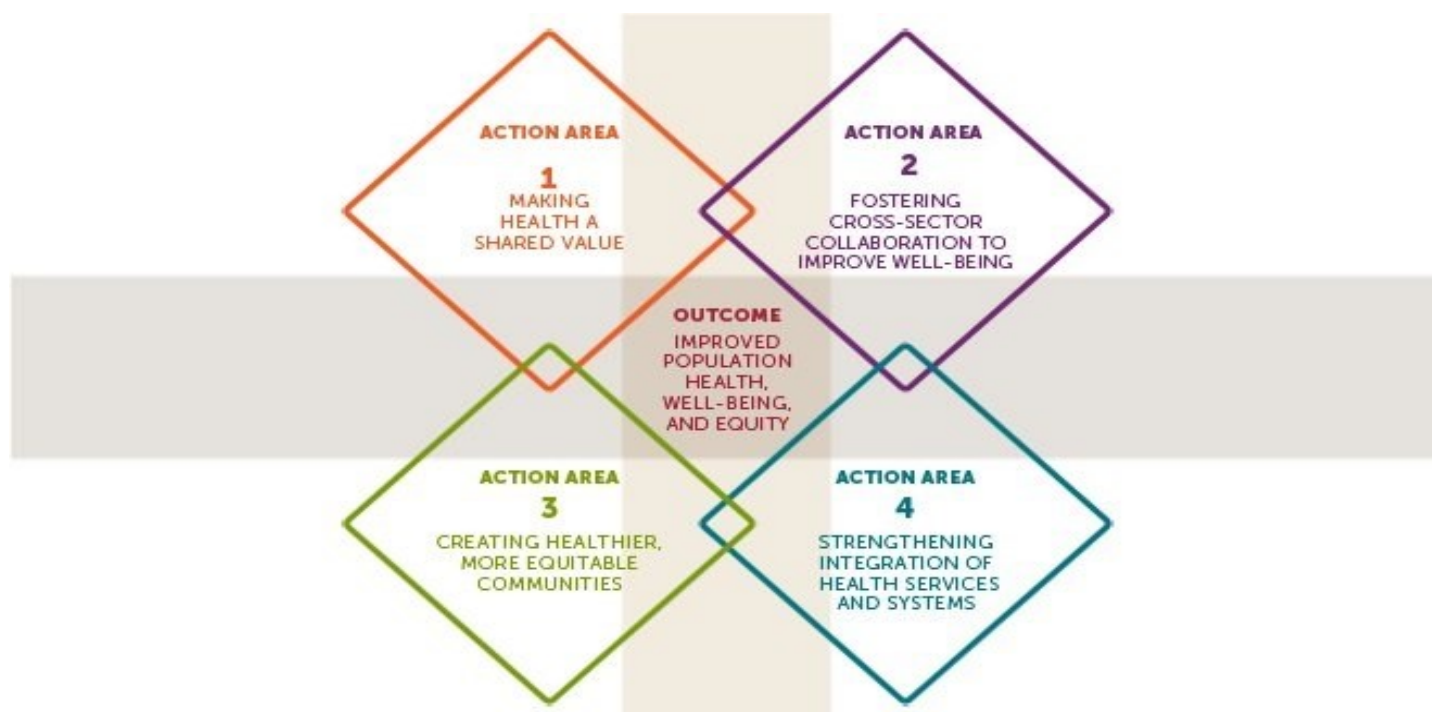


The Culture of Health Action Framework – Robert Wood Johnson Foundation

Lisa Thompson, Public Health Financial Coordinator

In 2014, The Robert Wood Johnson Foundation shared a vision of a country where people strive together to build a Culture of Health, and every person has an equal opportunity to live the healthiest life they can – regardless of where they may live, how much they earn, or the color of their skin. This initiative was a realization that a new vision for a healthy population would require different sectors to come together in innovative ways to solve interconnected problems.

Based on this research, the Culture of Health Action Framework was developed to turn data into action. This framework was developed in collaboration with the Research and Development (RAND) Corporation using scientific evidence and valuable input from the many individuals, leaders, and organizations across the country.



Each action area includes a set of corresponding drivers and measures. The drivers provide a set of long-term priorities, while the measures will help track progress. As progress is made, population health, well-being, and equity will improve. Forty-one national measures were selected. The measures address the broad determinants of health and the upstream drivers affecting our ability to attain the highest level of well-being; appeal to multiple audiences; and call attention to systemic inequities affecting well-being.

To learn more about the Culture of Health Action Framework, including how to get involved and funding opportunities, go to http://www.rwjf.org/en/culture-of-health/2015/11/measuring_what_matter.html.

"Together we can turn research into action, and vision into a reality where everyone can live the healthiest lives possible." – Alonzo L. Plough, PhD, MPH – Vice President, Research-Evaluation Learning and Chief Science Officer at Robert Wood Johnson Foundation.

West Virginia Health Statistics Center Turns 35

Daniel M. Christy, MPA, Director, Health Statistics Center

The West Virginia Health Statistics Center (HSC) turned 35 earlier this year. The Center was created in February 1980 by Governor Jay Rockefeller in part in response to a Federal Government request to each state to designate a State Agency to administer state vital statistics and associated data collection, management and reporting activities. For more than thirty years the HSC has also managed the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS system collects much of the data used for state health planning, including: asthma, cardiovascular disease, chronic obstructive pulmonary disease (COPD), depression, diabetes, exercise, general health, health care coverage, hypertension, immunization status, kidney disease, mental health, nutrition, obesity, physical health, weight-related issues and numerous other data useful for program planning, measurement, benchmarking and evaluation of shifts in behaviors and disease prevalence over time.

The HSC provides both standard reports and special data request information for all West Virginia local health departments, hospitals, school systems, colleges and many other data users. The standard reports include the annual Vital Statistics report and the Behavioral Risk Factor Surveillance System Report. The HSC is happy to assist local health departments with data and statistics to aid in their efforts to complete their periodic multi-year community assessments, as well as to assist with ad-hoc data requests for special projects.

The link to the main HSC website is <http://www.wvdhhr.org/bph/hsc/>. If you have a data request, you can email it to managers and staff at dhrvitaldata@wv.gov.

The Division of Tobacco Prevention Cessation Program Offers Tobacco Cessation Training

Kathy Danberry, MS, EdDc, Tobacco Cessation Program Manager

Tobacco use has been cited as the chief avoidable cause of illness and death in our society and accounts for more than 435,000 deaths each year in the United States. Smoking is a known cause of chronic obstructive pulmonary disease (COPD), complications of pregnancy, heart disease, multiple cancers, stroke, and many other diseases. In West Virginia:

- 21.3% of adults smoke
- 28.6% of pregnant women smoke (compared to 11% nationwide)
- 3,900 adults die each year from their own smoking

All health care providers, especially those with direct patient contact, have a unique opportunity to help tobacco users quit. Tobacco users cite a doctor's advice to quit as an important motivator for attempting to stop smoking. To assist health care providers in advising patients on the dangers of using tobacco, Division for Tobacco Prevention has partnered with the Health Care Education Foundation of West Virginia to offer FREE face-to-face tobacco cessation training based on the Agency for Healthcare Research and Quality (AHRQ) guidelines www.ahrq.gov. In-depth information regarding the West Virginia Tobacco Cessation Quitline is also included in the training.

This training offers CEUs and CMEs and is available on request. If you are interested in bringing this training to your area, please contact Kathy Danberry, M.S., EdDc, Tobacco Cessation Program Manager, West Virginia Division of Tobacco Prevention, at kathy.m.danberry@wv.gov or 304-356-4221.

Upcoming Events

CDC Grand Rounds - <http://www.cdc.gov/cdcgrandrounds/>

Upcoming Sessions of CDC Grand Rounds include:

- The Role of Modeling in Emergency Response - January 19, 2016
- Chronic Fatigue Syndrome - February 16, 2016

2016 PHAP Host Site and Associate Application Periods - <http://www.cdc.gov/phap/>

The application period for PHAP candidates opens January 4-8, 2016.

The application Period for PHAP host sites opens January 4-22, 2016.